

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 NOV -1 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000001790

1. Corporation Name

LIBERTY INVESTMENT SERVICES, INC.

Principal Place of Business

2251 ROMBACH AVE
WILMINGTON OH 45177

Mailing Address

2251 ROMBACH AVE
WILMINGTON OH 45177

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/30/1998

5. FEI Number

31-0909334

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
C	POWELL, JAMES R	2251 ROMBACH AVE	WILMINGTON OH 45177
VSD	POWELL, JOHN H	2251 ROMBACH AVE	WILMINGTON OH 45177
VD	KRAMER, WILLIAM F	2251 ROMBACH AVE	WILMINGTON OH 45177
VD	KRANJC, SUZAN D	2251 ROMBACH AVE	WILMINGTON OH 45177
D	REED, ROBERT E	5335 FAR HILLS AVE	DAYTON OH 45429
PD	HUGGINS, KIRK E	475 17TH ST	DENVER CO 80202

8. Name and Address of Current Registered Agent

KLUDING, MATTHEW
544 S. WASHINGTON BLVD
SARASOTA FL 34236

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Matthew Kluding

REGISTERED AGENT MUST SIGN

Date October 24, 1999

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Suzan D Kranjc

10/28/99

Date

937-382-1000

Daytime Phone #

KE



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Administration

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

October 29, 1999

Dear Sir:

Enclosed is a signed Application for Reinstatement form for Liberty Investment Services, and a copy of the canceled check we sent you last March. Please reinstate us with no penalty, because we made our payment in a timely manner.

Sincerely,

Dale Zehring
Controller